



Greater Exeter Region Citizen Corps Volunteer Application



Date: _____

A. Personal Information

Last Name:		First Name:		MI:
Street Address:				
City:		State:	Zip:	
E-mail:			Date of Birth:	
Home phone:		Work phone:		
Cell phone:		Other number:		
Please rank the order of the best way to contact you:		Home phone: _____	Work phone: _____	
		Cell phone: _____	Other number: _____	
Do you hold a current driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No	State:	License Number:		

B. Emergency Contact

Name:	Relationship:
Phone number:	Alt. phone number:

C. Employment Information

Employer:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Retired <input type="checkbox"/> Student
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If applicable, check your profession/occupation/certifications:		
<input type="checkbox"/> Physician: MD	<input type="checkbox"/> EMT: Intermediate	<input type="checkbox"/> Dental Assistant/Hygienist
<input type="checkbox"/> Physician: DO	<input type="checkbox"/> EMT: Basic	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> EMT: 1 st Responder	<input type="checkbox"/> Veterinary Technician
<input type="checkbox"/> Nurse: RN	<input type="checkbox"/> Mental Health Practitioner	<input type="checkbox"/> Lab Technologist/Technician
<input type="checkbox"/> Nurse: LPN	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Educator (Health/Other)
<input type="checkbox"/> Nurse: LNA	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Administrative Support
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Other Health Occupation: _____
<input type="checkbox"/> EMT: Paramedic	<input type="checkbox"/> Dentist	
<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> Disaster Preparedness
NH Professional License		License Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prescriptive Authority:		Hospital/healthcare system affiliation (if any)

Please complete both sides of application.

D. Other Information

Are you part of any other emergency/disaster response organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	American Red Cross	<input type="checkbox"/>	Citizen Corps MRC
<input type="checkbox"/>	Citizens Corps CERT	<input type="checkbox"/>	Other:

Do you speak any languages other than English? Yes No
If so, please indicate language(s) and level of fluency:

Do you have computer or other technical skills (web design, digital photography, videotaping/editing)? Yes No
If so, please explain:

I would like to participate at the following level:

- Basic**
 - Activated ONLY during NH State Declared Emergency
 - Maintain current CPR and First Aid certification
 - Invited to attend trainings and drills
- Active**
 - Activated for local and NH State Declared Emergencies, as well as for planned events
 - Maintain current CPR and First Aid certification
 - Commit to attend at least 3 trainings or drills per year
- Advisory Council**
 - I would like to participate in the Greater Exeter Region Citizen Corps in an Advisory role.

Do you have family obligations to consider before responding to an emergency? Yes No

E. Mandatory for medical professionals only to participate in the Greater Exeter Region Medical Reserve Corps. Please go to www.iCanHelp.NH.gov and register for NH's Emergency System for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP) so that your credentials can be verified.

All information is confidential and is for the use of the Greater Exeter Citizen Corps. However, in certain circumstances it may be necessary to share this information with emergency management and Health and Human Service agencies.

I give my permission for the Greater Exeter Citizen Corps to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed.

All of the information I have supplied is correct to the best of my knowledge. I do hereby give my local Citizen Corps permission to make inquiries concerning licensure and certification. I understand that I am a volunteer and will not be paid for any of my services.

Signature _____ **Date:** _____

Please complete both sides of application.

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